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Representative John Stahl
Chair, House Family and Children Services Committee
PO Box 30014
Lansing, Michigan. 48909

November 10, 2006

Dear Representative Stahl;

We are writing to you in hopes that you will be able to help us save our family. We adopted a child through the state of Michigan who we thought would be a positive addition to our family, a child that we could provide all that we could afford and offer our love and devotion to. Now, we are living with a child who is violent, aggressive, abusive, and a threat to our health and safety.

On October 26, 2006 after months of threats to my life by this sixteen year old she waited across the street from my adult daughters house for me to arrive at 7:25 A.M. She ran across the street and attempted to block my path to the door. She shoved me from behind, I got up onto the front porch of the house, and I was almost to the door when she attacked me from behind. She punched me in the side of the head, shoving me forward into the side of the house, she then punched me in the back of the head and face several times before my adult daughter heard me scream and opened her front door. As my daughter opened the door with my four-year-old grandson by her side this person continued to kick and punch me. My daughter restrained her while I called 911 for assistance.

The police arrived and took her to Hillsdale Community Hospital for a psychological evaluation. Child protective worker Betsy Clark arrived at the hospital. We stated that we could not take this child back to our home. We were told that if we refused to take her home we would be perpetrators of child abuse. We would be charged. We would no longer be able to be around children, our grandchildren included. We were told that if our adult daughters brought our grandchildren around us that they would be charged with endangerment. We were told that our fifteen-year-old adopted son would most probably be removed from our home.

This was the third time that we had been to the hospital for a psychological evaluation in three months. The first one resulted in a nine-day stay in a psychiatric hospital in Grand Rapids where they blamed me and adjusted her meds and sent her home healed and ready for family living. The second psychological evaluation resulted in our being investigated

for child abuse by the local CPS. Then on October 26, 2006 her third evaluation resulted in her being admitted to a Detroit area Psychiatric hospital. By sheer luck the Community mental health worker Don Neilson over heard this conversation between Betsy Clark, my husband and I; when I asked him if he could help he was able to locate a psychiatric hospital in Auburn hills that would take her for a very short term. Because she presented as a threat we were able to have an ambulance transport her to this hospital.

I began the next morning trying to obtain funding through Adoption Medical Subsidy for a long-term residential placement for this child. After two weeks of phone calls and endless hours of tracking down documentation we were able to provide the Adoption Medical Subsidy office with reports from a psychiatrist, a psychologist and an MD stating that this child was a threat to my son and I and that long term residential placement was in the best interest of all parties. We were denied on the basis that we had not done family counseling.

Family counseling, we have steadfastly maintained that this is not a family issue as to warrant family counseling. We as a family are very happy and well adjusted. We are not the problem. This child who came into our lives and has since broken windows, ran away repeatedly, made false accusations of abuse, screams and rages for hours at a time, has attacked fellow students at school, broken radiators, urinated on the kitchen floor repeatedly, refused to wear feminine hygiene products, refused to shower, brush her teeth, attempted to shove me down the stairs, punched me, attempted to slam my leg in the car door, repeatedly blocks my entrance and exit, verbally attacks my son and I, has pushed me, slapped me, clawed me, threatens to kill my son and I, this child is the issue, this child is the problem, this child has turned our loving, happy home into a prison because she is mentally ill.

No amount of family counseling will fix the problem. This child has the diagnoses of Oppositional Defiant Disorder, Reactive Attachment Disorder, and Bipolar I severe with psychotic features. No amount of family counseling will heal these things. Now I am being told for the millionth time that I am the problem. That I need a parent coach to teach me how to be a good parent. I am a good parent. I have raised three children to adulthood who are all productive members of society and another child $\frac{3}{4}$ of the way. I have been a parent for 28 years, being a parent is the reason that I live. My children love and respect me and the feeling is mutual.

The incident I have related, that occurred on October 26, 2006 is not the first time that the police have had to respond to our 911 calls. On one occasion she attempted to push me down the stairs resulting in my restraining her and my son calling 911 for assistance. On that occasion the Hillsdale County Sheriff's Deputy John Gates called Judge Michael Nye in Hillsdale County and requested an immediate order to place this child in the local juvenile facility. Judge Nye denied the officer's request due to the fact that there are no facilities within our county to house a mentally ill juvenile. Sheriff's officers, State Trooper's and our local police have expressed their frustration in their inability to remove this child and place her in custody. Local police officer Lance Johnston has expressed his dismay in knowing that there is nothing that he or his fellow officers can do to assist our

family's safety. Several officers have filed reports of incorrigibility, delinquent behavior, and domestic abuse reports only to be turned down by the prosecutor and juvenile court system in our county.

This child that we adopted does not wish to live in our home. She wants to go back to the residential facility that she was at previous to our adoption. She is, in the words of our psychologist Christine Sebring "a child who may have been negatively impacted by her long-term residential placements"; She continues her statement as there is a "possible institutionalized emotional and developmental status and her subsequent potential ability to effectively function within a normalized community and home setting"; "it may be found that this child would be better served with a placement in a monitored residential placement". Neel Jolepalem MD Psychiatrist states that this child "verbalizes her desire for out of home placement and inability to function within the home setting. Therefore, it is the recommendation of the treatment team that her family pursue residential placement at this time". Christinia Whitaker, MD states, "She has been in trouble with the police several times and is no longer able to control her anger and outbursts. At this time I feel she is a potential harm to herself or others."

The child that we adopted was fourteen at the time of placement and was presented to us as a child who had issues with depression. There was no information given to us prior to the adoption that reflected the truth of the problems that she had since she was five years old. Our adoption was finalized in February 2006, our adoption worker arrived at our front door one day in July 2006 with a stack of papers 6 inches thick stating that she "thought we might like to have all the papers regarding this child that the Department of Human Services had in its possession." In these papers we were to find that all of the extreme behaviors that we were dealing with had been there for most of her 16 years. These behaviors were documented and in the case file all along. We feel that we were deceived through out this adoption process by Human Services. They had in their possession papers with documentation and information that if it had been made available to us would have most certainly resulted in us not taking this child into our family. Although in the information disclosed to us before the adoption prior behaviors were listed, it was never made clear to us by our adoption worker Cynthia Caskey that these issues should be a cause for concern; these behaviors appeared to be in the past. Information given to us in regards to her then current placement in the Manor Foundation showed that she had greatly improved and was a good candidate for adoption. The only diagnoses listed in the pre-adoption information were that she had Impulse Control disorder and Dysthymic disorder (depressed mood).

We want nothing more than to have our family and our lives back. We do not want to continue this adoption; it has failed miserably. Once again I quote our psychologist Christina Sebring, "it is apparent that the adoption of this child has not been successful". It will never be a positive relationship for *any* of the members of this family or for any member of our extended family. The future looks very grim for all of us. All of us who live and deal daily with this child realistically see that she will continue to escalate her behaviors and will in the future attempt to harm and or kill either my son or I, or one of our grandchildren.

CPS and DHS have told us that we have to keep this child in our family. We have been told that because we signed a piece of paper in February 2006 that we have no way of protecting ourselves or our other children and our grandchildren. No matter the statements made by professionals who have dealt with this child as doctors, psychiatrists or psychologists, and police officers, those in CPS, DHS, and Adoption subsidy are telling us that we must continue to parent this child. It seems apparent to all of us here in the battle zone that money and appearance is what is at issue in this case. Comments from Betsy Clark, CPS worker assigned to investigate us for child abuse as to "the media eating her alive if she didn't investigate us". Statements from Molly Brown adoption subsidy worker of "we do not just cough up money because you don't want to be a parent". These statements point to the fact of these workers from state agencies are doing only what they have to in order to cover themselves and blatantly ignoring the health and safety of our family.



We are facing another eighteen months before this child turns 18 years old and we can be released from our legal responsibility for her. Eighteen months is a very long time to live in a home where we sleep behind locked doors, a home that is violent, a home where we know not when she will make another attempt to harm us, a home that has become a prison for all of us, manipulated by the child herself and also by the system that is supposed to be there to protect us.

We desperately need your help. We want to terminate this adoption. We have an obligation to protect our fifteen-year-old son; we have an obligation to protect our grandchildren, the neighbor's children and our selves

The best interest of this adopted child would be for her to be placed somewhere that she can be safe, where she can find some sort of happiness, which even she sees will never be achieved living in our home. She wants to leave. We want her to find someplace where she can have peace and in return, we can have our own happiness and welfare assured.

Thank-you for your time and attention to this matter. Any help that you can provide us with will be greatly appreciated.

Sincerely;



Michael Jackson-Redenius
Gayla Jackson-Redenius.

February 28, 2006

Re: Hearing on Adoption/Medical Subsidy

Dear Representative Hummel,

It is with great regret that we have to decline attending the senate hearings regarding Adoption/Medical Subsidy. It is still a very rough time in our lives and we are not strong enough to attend.

It has been 4 years since we lost our adopted son, who was 7 years old at the time. We were forced to relinquish our rights to our son so he could receive services for his mental health and we don't think he has gotten those services yet. His mental health illness is being ignored like it was when he was with us. If they acknowledge it, then they will have to pay for his treatment. He was homicidal and suicidal in our home and was a definite threat to us and our little girl, his little sister. He tried to take her life twice in our home. He has Reactive Attachment Disorder and Fetal Alcohol Effects.

For months when we were living in a crisis situation with our son, we could not get services for him because we did not have medical subsidy. Every service provider that we took him to had turned us down because we had no coverage, and no money to pay for therapy, counseling or mental health treatment. We were left with Community Mental Health in our county and they were absolutely no help to us in any way. We were threatened by staff at CMH and were treated like abusive parents.

We literally ran our son all over this state of Michigan trying to find services for him and felt let down every where we went.

On February 8, 2002, I remember crying on the phone with someone from the subsidy office in Lansing, begging for help because our son and my whole family were living in crisis with our son's mental illness. The worker I spoke with finally approved the medical subsidy for us. No one told us how to use it and then we were informed that this still didn't mean we would get services. Our Community Mental Health office in our county said they still had the last word if we got services or not and they turned us down for treatment for our son.

On February 14, 2002 after spending hours in an ER, our son was referred to Forest View in Grand Rapids by CMH, and we took him there in the middle of the night. Our son spent 7 days at Forest View, heavily medicated they sent us home with a more abusive and raging son. The doctor there would not do a follow up on our son's medicine and neither would our pediatrician, we were left with taking him to the ER at Mott's Children's Hospital, 6 hours and 300 miles from home. Two weeks later we were at the ER again, our son was raging and suicidal. On March 3, 2002 we drove him to Marquette General, where CMH had sent us, in the middle of a blizzard and in the middle of the night. We had just spent 5 hours in the ER getting nowhere with CMH. CMH first declined to come to the ER and meet with us, the ER doctor forced the CMH worker to come there and evaluate our son.

Our son never returned to our home after March 3, of 2002. He received no services what so ever in all the places we had taken him and we could not bring him back home and put us all in danger. We called the adoption agency where we adopted him and asked them to place him into temporary foster care as means of respite care. They

approved this and placed him in a foster home, then filed charges against us for child abandonment and neglect and placed our names on the central registry. We then had to prove we were fit parents to keep our daughter in our home.

Since then our names have been cleared and expunged, thanks to Senator Jason Allen for helping us getting our names cleared. We were lucky to have our names cleared, many other families here in Michigan are left with their names on there and they cannot volunteer at their child's school or even work at a school because of this. They are treated like common criminals.

After months of court hearings and trying to set up services for our son, we were forced to let him go back into the system, the very system that let him down all of his life.

We did receive medical subsidy but it was too late and we were never informed on how to use it and it left us with nothing. And this forced us to make a decision that no parent should have to make. We lost our son due to lack of mental health services here in Michigan because we had no medical subsidy. Many, many people let us down and were a huge factor in us losing our son.

We have no contact with our son his new adoptive parents will not speak with us and he is gone from our life forever.

We adopted our children from the Michigan Indian Child Welfare Agency, and we were lied to about his mental health, their fetal alcohol effects, her heart defect and his chronic asthma. All in the name of getting these children placed and then adopted. We would have still adopted our children, no question about that, but we would have had the tools to help him, if we were given the truth up front. We were left to find out on our own about our son's mental illness and the past trauma he had endured. If we would have known about his past trauma, he might not have traumatized his little sister in our home.

Because the adoption agency lied about our children, we could not apply for more adoption subsidy. We got the minimum and that is all we have ever gotten. We had to prove their level of care to the subsidy office and I have no idea on how to do that. The adoption agency knew about their level of care I have all of the medical records that were kept prior to adoption. The fetal alcohol effects, the chronic asthma, our daughter atrial septal defect, a heart murmur that we had to have closed at Mott's children's hospital 6 months after the adoption was finalized, and our son's mental health. Our children were definitely special needs prior to adoption, we just didn't have the proof until after the adoption was final, those medical records. How do you prove all of that after the adoption is finalized? If you receive medical subsidy, why doesn't the adoption subsidy go up?

Our daughter is doing well and it has been especially hard on her losing her brother this way. She is 8 years old now and has gone through over a year of therapy for grief and trauma she endured at the hand of her brother. She is also fetal alcohol affected and recently diagnosed with ADHD. We have needed tutoring for her but cannot afford it. And the evaluation that was given by Western University here in Michigan is still not paid. We still owe \$400.00 for that evaluation. She is also approved for medical subsidy, but I still don't know how that works or if she will even be approved for this service that was provided.

She needs a level of care evaluation done on her case, she is in need of more services and we need more money to help our daughter.

Financially we are crippled. Losing our son and the 3 years leading up to that, we went completely broke we went bankrupt. We lost our vehicle and almost our home. Thanks to my parents, they helped us save our home. We have our own business and my husband is busy but we are still trying to catch up on our finances and I now work full time. We struggle week to week, and wish we could do more for our child. Parenting a special needs child is not cheap we struggle with getting our child what she needs and wish we had more help.

Emotionally we have been traumatized by the system and beaten up so badly that we no longer trust anyone. Our daughter is in a private catholic school because during our court hearing when we lost our son, the system involved the school system he attended and they falsely blamed us for our son's behavior and we cannot let our child go to public school. This is a small community and no one understood what went on with our son. So we are in debt with her tuition and don't know how or when we will catch up with this. We have our daughter in the best school and they tend to her special needs, but still needs much more tutoring than they can provide.

Again, we are so sorry we cannot attend this hearing. This is so important to foster and adoptive parents and families. We open up our hearts and our homes to love and care for our children. Not take the blame for all that has happened in their past or be treated like abusive and misunderstanding parents from our service providers that are supposed to help us.

I expected these professionals to work along side of me in parenting my children, not look at me as the problem. Things need to change in our state of Michigan before one more child has to be placed back out into the system that has already abused them. We need help with our special needs children.

We miss and love our son so much our family has been torn apart and has devastated us. Our daughter loves her brother and we all pray for him every night and pray that he is getting the services he needs to get well.

And, yes, families do relinquish their rights to children out of duress and lack of services for them, heartbreaking, but true.

Sincerely,
Janelle and Charles Smith
7990 Galbraith Road
Cheboygan, Michigan 49721
231-625-9538

Handout submitted
by Remy Crawford

MICHIGAN COURT IMPROVEMENT PROGRAM REASSESSMENT

August 2005

submitted to
**MICHIGAN SUPREME COURT
STATE COURT ADMINISTRATIVE OFFICE**

prepared by
**MUSKIE SCHOOL OF PUBLIC SERVICE
CUTLER INSTITUTE FOR CHILD AND FAMILY POLICY
400 Congress Street
PO Box 15010
Portland, ME 04112**

and
**AMERICAN BAR ASSOCIATION
CENTER ON CHILDREN AND THE LAW
740 15th Street, NW
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Washington, DC 20005-1022**

Table 22

TERMINATION TO FINAL ADOPTION

Time	Jackson N=65	Kent N=158	Macomb N=110	Wayne N=800	State N=2671
Up to 6 months	13.85%	46.84%	6.36%	7.63%	14.98%
6 months to 1 year	24.62%	27.22%	24.55%	20.00%	29.35%
More than 1 year	56.92%	12.66%	61.82%	69.00%	50.99%
No data	4.62%	13.29%	7.27%	3.38%	4.68%

Kent County has by far the best statistics at this stage of the process, with close to 75% of adoptions occurring within one year of commitment. However, some of the court staff interviewed in Kent were not happy with the amount of time it took for children to be adopted. Those times fell well short of their goals.

The Kent County court has the distinguishing feature of a designated jurist to manage the adoption calendar. This jurist has become an expert in all aspects of adoption and is able to identify barriers and avoid them. Kent County also maintains financial and supervisory authority over most of their post-TPR children. Only those children whose parents would not have been Title IV-E eligible under the old rules (estimated to be about 20%) are shifted over to state supervision by the Michigan Children's Institute. Kent's adoption jurist estimates that it takes about two months longer for a child under the Michigan Children's Institute custody to be adopted than for county-sponsored children.⁷³

In the 2003 CFSR, Michigan barely met the national standard, scoring exactly 32% of adoptions occurring within 24 months after entry into care. Obviously there is great variation among jurisdictions.

Throughout the six sites visited during the reassessment, there were complaints about the insufficient adoption subsidies. An informant in one county said that infants under three years are not getting subsidized unless they are clearly diagnosed as impaired, so foster parents are delaying adopting those children. An informant in another county said that it was not possible to get increased level of care subsidies for children with special physical or mental health needs. Families considering adopting a special needs child would request an increased level of care subsidy, but it was most often denied; subsidies were not sufficient for families considering adopting these children, which delayed permanency. While potential adoptive families can appeal a denial of increased level of care subsidies, they could not appeal a denial unless it was put into writing; therefore DHS delayed putting denials in writing to stave off these appeals. Negotiations for subsidies were reported to add considerably to the amount of time required for completion of the adoption.

Other problems reported to be contributing to delays included a difficulty locating adoptive homes and the lack of concurrent planning. One Wayne County jurist said that post-TPR reviews are "disheartening; kids are languishing." He noted that prosecutors

⁷³ It was reported to evaluators that there were staffing problems at MCI in 2003 and 2004 that contributed to serious delays in the time it took for children in MCI custody to be released for adoption.

Romy Crawford

“Special Needs” Determination

Michigan
Federal

Title IV-E Eligibility (Pre-Adoption)

Michigan
Federal

Title IV-E Support Subsidy Agreement

Michigan
Federal

Child is in foster care ...

Adoptive Placement

Child is in prospective

Adoption Petition Filed

adoptive parents' home ...

Adoption Finalized

Child is in adoptive parents' home ...

-----PRE-ADOPTION ASSISTANCE-----

-----POST-ADOPTION ASSISTANCE-----

FOSTER CARE MAINTENANCE PAYMENTS (FEDERAL TITLE IV-E)

ADOPTION SUPPORT SUBSIDY (STATE)

FOSTER CARE MAINTENANCE PAYMENTS (STATE WARD BOARD & CARE)

ADOPTION SUPPORT SUBSIDY
(FEDERAL TITLE IV-E)

FOSTER CARE MAINTENANCE PAYMENTS (CHILD CARE FUND)

FOSTER CARE MAINTENANCE PAYMENTS (SSI)

MEDICAL SUPPORT SUBSIDY OR MEDICAL
ASSISTANCE (MEDICAID)

MEDICAL ASSISTANCE (MEDICAID)

NON-RECURRING ADOPTION EXPENSES
REIMBURSEMENT

<p>SPECIAL NEEDS DETERMINATION</p>	<p><u>Michigan DHS Administrative Rules:</u></p> <ul style="list-style-type: none"> • child is 3-18 years old • AND court has determined that child cannot/should not be returned to home of child's parents because of (1) termination under MCL 712A.19b for child under court jurisdiction pursuant to MCL 712A.2(b) OR (2) release and termination for child under court jurisdiction pursuant to MCL 712A.2(b) OR (3) release and termination under MCL 710.29 and child is eligible for and receiving SSI • AND child has one of the following specific factors/conditions: (1) the child is SSI eligible as determined by the SSA; (2) the child has a special need for medical, mental health, or rehabilitative care that equals or exceeds the DHS foster care Level 2 Determination of Care (DOC) and is documented by the DHS-approved DHS-470, 470A or 1945 AND is supported by the current DHS Updated Service Plan (USP), and is being paid through the DHS foster care payment system; (3) the child is age 3 years or greater; (4) the child has been foster care for at least 2 years since the termination of parental rights and efforts to locate a family willing to adopt without subsidy have failed; (5) the parental rights for the child were terminated prior to 8/1/02 and the child has lived with the prospective adoptive parent for 12 months or more; (6) the child is being adopted by a relative; (7) the child is being adopted by the parent(s) of his/her previously adopted sibling; OR (8) the child is a member of a sibling group being adopted together and at least one sibling group member qualifies for Adoption Support Subsidy through this program. <p><u>Federal DHHS Administrative Rules:</u></p> <ul style="list-style-type: none"> • child is 0-18 years old (18-21 available under special circumstances) • AND child can't or shouldn't be returned home to parents • AND child has "special needs" (as defined by Michigan) • AND attempt to place child w/o adoption assistance made BUT unsuccessful UNLESS not in the best interests of child
<p>TITLE IV-E (FEDERAL) ADOPTION SUPPORT SUBSIDY ELIGIBILITY (BEFORE ADOPTION FINALIZED)</p>	<p><u>Michigan DHS Administrative Rules:</u></p> <ul style="list-style-type: none"> • child has special needs • AND Adoption Subsidy Program Office certifies the child's Adoption Support Subsidy <u>before</u> the Petition for Adoption is filed with the court • AND a written Adoption Assistance Agreement between the parent(s) and the Department specifying the amount of Adoption Support Subsidy to be paid, signed by the parent(s) and DHS before the finalization of the adoption <p><u>Federal DHHS Administrative Rules:</u></p> <ul style="list-style-type: none"> • child eligible for AFDC during month in which court proceedings initiated or was eligible w/in 6 months prior to that time • OR child was eligible for SSI under SSA before adoption • OR child's parent was in foster care and receiving Title IV-E funds that covered both parent and child when adoption initiated • OR child previously received adoption assistance, and his/her adoptive parent died or adoption was dissolved

TITLE IV-E (FEDERAL) ADOPTION SUPPORT SUBSIDY ELIGIBILITY (AFTER ADOPTION FINALIZATION)	<p><u>Michigan DHS Administrative Rules:</u></p> <ul style="list-style-type: none"> • child was in state's care when the petition for adoption was filed (but not in legal guardianship • AND child's pre-adoptive circumstances met Adoption Support Subsidy eligibility requirements • AND erroneous written determination of child's ineligibility by DHS Adoption Subsidy Program Office prior to June 1, 2002 OR documented denial of eligibility by the Adoption Subsidy Program Office based on means test of adoptive family OR (for children under DHS care/custody and placed for adoption after 1/1/95) failure by DHS local office adoption program (or private agency under contract with DHS to provide adoption services) to notify or advise the adoptive parent(s) of availability of Adoption Support Subsidy (note: documented receipt of DHS Publication 538-Michigan Adoption Subsidy Program Information Guide is deemed irrebuttable evidence of notice) <p><u>Federal DHHS Administrative Rules:</u></p> <p>ANY ONE OF THE FOLLOWING INCLUDING, BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> • relevant facts regarding the child were known by the State agency or child-placing agency and not presented to the adoptive parents prior to the finalization of the adoption • AND/OR denial of assistance based upon a means test of the adoptive family • AND/OR adoptive family disagrees with the determination by the State that a child is ineligible for adoption assistance • AND/OR failure by the State agency to advise potential adoptive parents about the availability of adoption assistance for children in the State foster care system • AND/OR decrease in the amount of adoption assistance without the concurrence of the adoptive parents • AND/OR denial of a request for a change in payment level due to a change in the adoptive parents circumstances
TITLE IV-E (FEDERAL) ADOPTION SUPPORT SUBSIDY AGREEMENT	<p><u>Michigan DHS Administrative Rules:</u></p> <ul style="list-style-type: none"> • Cannot be renegotiated <p><u>Federal DHHS Administrative Rules:</u></p> <ul style="list-style-type: none"> • Can be renegotiated
RATE OF TITLE IV-E (FEDERAL) ADOPTION SUPPORT SUBSIDY	<p><u>Michigan DHS Administrative Rules:</u></p> <ul style="list-style-type: none"> • can be no more than the maximum foster care rate received <p><u>Federal DHHS Administrative Rules:</u></p> <ul style="list-style-type: none"> • cannot exceed the amount the child would have received if s/he had been in a foster family home, but otherwise must be determined through agreement between the adoptive parents and the State or local Title IV-E agency • circumstances of adopting parents MUST be considered together with needs of child when negotiating adoption assistance agreement • consideration of circumstances of adopting parents pertains to adopting family's capacity to incorporate child into household re: their lifestyle; standard of living, and future plans, as well as their overall capacity to meet immediate and future needs (including educational) of child (means considering overall ability of family to incorporate individual child into household) • families with same incomes or similar circumstances will not necessarily agree on identical types or amounts of assistance (uniqueness of each child/family situation may result in different amounts of payment)

<p>TITLE IV-E (FEDERAL) ADOPTION SUPPORT SUBSIDY MODIFICATION OR TERMINATION</p>	<p><u>Michigan DHS Administrative Rules:</u></p> <ul style="list-style-type: none"> • modified and terminated automatically <p><u>Federal DHHS Administrative Rules:</u></p> <ul style="list-style-type: none"> • once child is adopted and determined eligible for Title IV-E adoption support subsidy, adoption support subsidy payments may not be automatically adjusted without agreement of adoptive parents for any reason other than across-the-board reduction or increase in foster care maintenance rates
<p>TITLE IV-E (FEDERAL) ADOPTION SUPPORT SUBSIDY WHEN CHILD IS IN OUT-OF-HOME PLACEMENT</p>	<p><u>Michigan DHS Administrative Rules:</u></p> <ul style="list-style-type: none"> • terminates child's adoption support subsidy OR takes adoption support subsidy of child's sibling <p><u>Federal DHHS Administrative Rules:</u></p> <ul style="list-style-type: none"> • terminated under 3 circumstances only: (1) child has reached age 18 (or age 21 if State has determined that child has mental or physical disability that would warrant continuation of assistance); (2) State determines that adoptive parents are no longer <u>legally responsible</u> for support of child; or (3) State determines that adoptive parents are no longer providing <u>any</u> support to child

FEDERAL DHHS ADMINISTRATIVE RULES ARE BINDING ON MICHIGAN.

IT IS IMPORTANT TO NOTE THAT WHEN MICHIGAN IS ADMINISTERING TITLE IV-E FUNDS (FEDERAL ADOPTION SUPPORT SUBSIDIES), IT MUST ADHERE TO U. S. DHHS ADMINISTRATIVE RULES. WHEN ADMINISTERING MICHIGAN'S ADOPTION SUPPORT SUBSIDIES (STATE ADOPTION SUPPORT SUBSIDIES), IT CAN DEFINE ITS OWN ADMINISTRATIVE RULES IRRESPECTIVE OF FEDERAL ADMINISTRATIVE RULES.